



# SIMPLIFY. SAVE. RELAX.

NextRx, your health  
plan's preferred mail  
service pharmacy.  
For all your routine  
medication needs.



## GET THE MOST OUT OF YOUR PHARMACY BENEFIT.

- Using NextRx mail service pharmacy for all your routine medications is convenient and easy. Free shipping, timely delivery, easy refills, access to a licensed pharmacist, and an opportunity to save on your prescriptions. Life is a little easier with personal services and savings.

Call **888-613-6091** for your free, personal cost savings estimate.

nextRx<sup>SM</sup>

## PRESCRIPTION SAVINGS OPPORTUNITIES.

If you are taking prescription medications on a regular basis, you may save time and money with NextRx. While every prescription drug plan is different, NextRx mail service generally fills a 90-day supply of medication for the cost of a 60-day supply from a retail pharmacy. That means you may save an amount equal to one co-payment every three months. Plus, unless directed otherwise, NextRx dispenses generic medications that usually cost 30 to 60 percent less than the brand name counterparts.

Switch. Save. Relax.

## CONVENIENT, PERSONALIZED SERVICE.

With NextRx, you receive accurate, quality medications – delivered right to your door. Standard shipping is free.

To help you stay on track with your medication therapy, NextRx will call you when it's time to refill your medication. You also get unlimited phone access to a licensed pharmacist for one-on-one counseling and information on your prescription or over-the-counter medications.

## QUICK AND EASY REFILLS.

Once you start using NextRx, you can refill your prescriptions quickly and easily online at [mynextrx.com](http://mynextrx.com) or through an automated phone service from anywhere and at any time that's convenient for you. You will also receive a phone call to remind you when it's time to refill your medication.

## HELPFUL, FRIENDLY SERVICE.

Ready to request a free cost savings estimate or need help obtaining a prescription from your doctor? A NextRx pharmacy associate is ready to assist. Call 888-613-6091, Monday through Friday, 8 a.m.-11 p.m. and Saturday 8 a.m.-7 p.m. ET (TTY 800-221-6915). If you have questions on your benefit coverage or need assistance with an existing prescription, call the number on your prescription bottle or health plan benefit card.



## HOW TO ORDER YOUR PRESCRIPTION

Talk to a NextRx pharmacy associate and get your free, personal cost savings estimate. Then, when you're ready to place an order, choose a method that's most convenient for you.

**By Mail:** Use the order form below to order new prescriptions or refills by mail. Mail your order form and the original prescription to NextRx PO Box 746000 Cincinnati, OH 45274-6000.

**By Fax:** If you don't have the original prescription, you will need to complete the form included and ask your doctor to fax it, along with an original prescription, to NextRx at 800-905-9815. NextRx must receive faxed prescriptions directly from the physician's office.

**By Phone:** To order new prescriptions by phone, call a NextRx pharmacy associate at 888-613-6091. Call the phone number provided on your prescription bottle when you're ready to order a refill.

Mail your completed order form, original prescription(s) and payment to: **NextRx, PO Box 746000, Cincinnati, OH 45274-6000.**

If you have multiple prescriptions, include all prescriptions with the order form. You may duplicate the order form as needed.



## SECTION 1: MEMBER INFORMATION

Provide policy or cardholder information as found on the health plan or benefit card. Please do not write on the back of form.

Name of Your Health Plan

Identification Number

Policy or cardholder last name

First name

Initial

Date of birth (MM/DD/YYYY)

## SECTION 2: SHIPPING INFORMATION

Orders ship within seven days of receipt of valid order. Controlled and refrigerated medications cannot ship to a PO box. Schedule II controlled substances require signature on delivery.

New address

Permanent address

Street address

Apartment/suite

☐ Y ☐ N☐ Y ☐ N

City

State

ZIP code

Daytime phone # (including area code)

E-mail address

Evening phone # (including area code)

## SECTION 3: PAYMENT INFORMATION

Payment is required before an order will ship. Do not send cash. Make checks and money orders payable to NextRx. There is a \$25 fee for returned checks. Credit cards are charged for the entire order and used for future orders unless a new payment method is specified. Overnight shipping does not expedite prescription processing time.

Payment method: ☐ Check ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Overnight Shipping (add \$20)

Account number

Expiration date

Signature/date

Amount enclosed:

Coupon Code:

## SECTION 4: PRESCRIPTION INFORMATION

Federally approved, generic-equivalent medications will be dispensed for brand name medications unless otherwise directed by the patient, physician, or health plan. If you require brand medications, please use the comments section below and list the names of the medications. Brand may be subject to higher cost.

Patient last name

First name

Initial

Patient date of birth (MM/DD/YYYY)

Patient gender

☐ M ☐ F

Drug allergies (check all that apply): ☐ Penicillin ☐ Aspirin ☐ Codeine ☐ Sulfa

☐ Other (list all, including over-the-counter medications)

Medical history (check all that apply): ☐ Diabetes ☐ Glaucoma ☐ High blood pressure ☐ Arthritis

☐ Thyroid ☐ Heart condition ☐ Asthma ☐ Other (list all)

New prescription: medication name

Doctor last name

Taken before

PLACE ON PROFILE

☐ Y ☐ N☐ (will order when needed)☐ Y ☐ N☐☐ Y ☐ N☐

Refill orders: Rx refill #

Medication name

Refill orders: Rx refill #

Medication name

Comments